U.S. Department of Labor Office of Labor-Management Standurds Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U - 10314

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01 / 01 / 2009 Through: 12 / 3/2 / 2009
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Allen W Case	Name IBEW Local 477
	Labor Organization File Number 028-010
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Ream Number, if any
Street 7007 Glasgow Aue	Street 955 Wast Jofferson Aug
City Sin Bernardino	City San Bernard iso
State Cilitornic ZIP Code +4 92404	State Call Formis ZIP Code + 4 924/0
5. Position in labor organization. President	
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclu-	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on ropresents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
P.O. BOX, BISS, TAXIII TO, II BIY	7.b. Amount.
Street	
City	
State ZIG Code + 4	
Sign	sture
15. Signature and verification. The undersigned declares, under penalty of is submitted in this report (including the information contained in any accompany) undersigned sknowledge and belief, true, correct, and complete. (See the sec	Perjury and other applicable panalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the
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TUTHE LIVE SO (2003)	eagn to: 2

Name of Person Filing Allen Case	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and £ddress of Business (including trade name, if any).	9. Business deals with:					
Name IBEW Local 477						
Trade Name, if any:	a. Labor Organization b. Trust					
P.O. Box, Blcg., Room No., if any	c. Employer					
Street 955 west Jofferson Aus						
city San Bernandino						
State Californic ZIP Code + 4 9140						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name Southern Calif. IBEW- Neces Trusts foods	Thuster					
Trade Name if any:						
P.O. Box, Blcg., Room No., if any PO. BCX 912916						
Street 6023 Garfield Ave	11.b. Approximate dollar value of such dealing.					
Cay City of Commence	12.a. Nature of interest ticld or income received.					
City of Commerce State Colifornia ZIP Code+4 90040	Attended Fring Reinsmements					
CARADIAN	1-28-04-1,1,21.08					
	6-03-04-1/050,00					
	8-27-04-12100,00					
	4-03-04- 6, 2-14					
	12.b. Amount. \$74,483-22					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name						
Trade Name, if any:						
P.O. Box, Bidg., Room No., if any						
Street						
City E						
State : ZIP Code + 4 .						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					

File Number U-

Name of Person Filing Allea Case	File Numb	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is action any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name IBEN Local 477	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any Street 955 west Jofferson An	c. Employer		
City San Bernandino			
State Culi Fornia ZiP Code +4 914/6			
40 H 0 h. or C.c. is checked give trust or employer's name.	11.a. Nature of such deciling.		
Name + Jeummy Thuing Program	Trustee		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 16.55 E RIVERVIEW Drive	11.b. Approximate dollar value of such		
State California ZIO Code + 4 91408	12.a. Nature of interest he'd or incom	Reimbused forwayes	
State Coloron ZIO Code + 4 91406	12.a. Nature of interest he'd or incom Attended Training and Plane Tiestals & offi Hotel Rm & offi Registant 30.000 Wages Sile Co	J	
		W. Deel Market Comment	
	12.b. Amount.	£3(1) 9º	
C. Received from any employer (other than an employer covered unor from any labor relations consultant to an employer any payment of money	der parts A and B above) ay or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Coda + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of paymant.		